

**STUDENT INFORMATION**

LAST NAME:	FIRST NAME:	MIDDLE NAME:
STUDENT TECH/STAR ID:	PHONE NUMBER:	DATE OF BIRTH:
EMAIL:		

**COURSE INFORMATION**

CURRENT DATE:			
SEMESTER (Choose one):			YEAR :
FALL	SPRING	SUMMER	

**INPUT COURSE INFORMATION**

Course ID (6-digit #)	Department (3-4 alpha letters)	Course # (4-digit #)	Section # (2-digit #)	# of Credits	Letter Grade or Audit (Select one)
<i>Ex. 000123</i>	<i>HPER</i>	<i>1112</i>	<i>01</i>	<i>3</i>	<i>AUDIT</i>

Please enroll me in the courses(s) above. I understand that by submitting this form I am financially responsible for any charges.

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*Student Signature (Please type your name for your signature)*

**OFFICE USE ONLY: STAFF VERIFICATION CHECKLIST**

- PHOTO ID - DOB 62 or older (60 for railroad annuity)
- Checked course start date and registration date and space availability
- Entered senior rate
- Sent Email to Business Office